PATENT APPLICATION FEE DETERMINATION RECORD

The state of the s

Effective October 1, 2003

Application or Docket Number

10821435

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FC	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	26 minus 20=		* O			X\$ 9=		OR	X\$18=	0
INE	DEPENDENT C	LAIMS	<i>3</i> mi	nus 3 =	*	0		X43=	·	OR	X86=	Ð
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	0
* If the difference in column 1 is less than zero, e					"0" in c	column 2	L	TOTAL		OR	TOTAL	<i>110</i>
	C	(Column 1)		PART II (Column 2) (Column 3)			SMALL ENTITY			OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVICE PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##	<u> </u>	=		·X\$ 9=		OR	X\$18=	
AME,	Independent	*	Minus	***		=]	X43=		OR	X86=	
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								TOTAL			TOTAL ADDIT. FEE	
		A	DDIT. FEE	_		ADDII. PEE						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CI 4114	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
	·									OR	TOTAL ADDIT, FEE	•
			DDIT. FEE L	. •			• .					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus ***			= _		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL ADDIT. FEE	
		ber Previously Paid					r foun	d in the app	ropriate box	in col	ımn 1.	